



# CITY OF LODI

## COUNCIL COMMUNICATION

AGENDA TITLE: Communications (September 28, 1993 through October 13, 1993)

MEETING DATE: October 20, 1993

PREPARED BY: City Clerk

### RECOMMENDED ACTION:

#### AGENDA ITEM

#### RECOMMENDATION


No action - information only.

BACKGROUND INFORMATION: Copies of applications for Alcoholic Beverage License has been received from the State of California Department of Alcoholic Beverage Control for the following:

- a) Anupam K. Sidhu, El Tokay, 10 East Tokay Street, Lodi, Off Sale Beer and Wine, Person to Person Transfer
- b) Beverly J. Vosburgh, B. J.'s, 548 South Sacramento Street, Lodi, On Sale Beer and Wine Public Premises, Person to Person Transfer

Both 10 East Tokay Street and 548 South Sacramento Street are in an M-2, Heavy Industrial, zone. These are appropriate zonings for these types of Alcoholic Beverage Control licenses.

FUNDING: None required.

  
Jennifer M. Perrin  
City Clerk

COUNCOM8/TXTA.02J/COUNCOM

APPROVED \_\_\_\_\_

THOMAS A. PETERSON  
City Manager



recycled paper

# COPY

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)		1. TYPE(S) OF LICENSE(S)	FILE NO.
To: Department of Alcoholic Beverage Control 1901 Broadway Sacramento, Calif. 95818 <small>(DISTRICT SERVING LOCATION)</small>		RECEIVED 9:24P SALE BEER AND WINE JENNIFER M. PERRIN CITY CLERK CITY OF LODI	RECEIPT NO. 755-1 GEOGRAPHICAL CODE 3902 Date Issued Temp. Permit T-80942 Effective Date: 10-4-93
The undersigned hereby applies for licenses described as follows:		Applied under Sec. 24044 <input type="checkbox"/> Effective Date: Issuance	
2. NAME(S) OF APPLICANT(S) SIDHU, Anupam K.		3. TYPE(S) OF TRANSACTION(S)	FEE LIC. TYPE
		Per to Per	\$ 50.00 20
		Annual Fee	34.00
4. Name of Business El Tokay		(Short Amount For Temporary)	(100.00)
5. Location of Business—Number and Street 10 East Tokay St.			
City and Zip Code Lodi, CA 95240		County San Joaquin	TOTAL \$ 84.00
6. If Premises Licensed, Show Type of License 20		7. Are Premises Inside City Limits? Yes	
8. Mailing Address (if different from 5)—Number and Street SAME		(Temp) (Perm) Perm	
9. Have you ever been convicted of a felony? NO		10. Have you ever violated any of the provisions of the Alcoholic Beverage Control Act or regulations of the Department per- taining to the Act? NO	
11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.			
12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.			
13. STATE OF CALIFORNIA		County of San Joaquin	Date 9-28-93
<small>Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.</small>			
14. APPLICANT SIGN HERE		<i>[Signature]</i>	

## APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA		County of San Joaquin	Date 9-28-93
<small>Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and at location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.</small>			
16. Name(s) of Licensee(s)	17. Signature(s) of Licensee(s)	18. License Number(s)	
MISS FRANK DALLA	<i>[Signature]</i>	21-215737	
19. Location		Number and Street	City and Zip Code
SAME			

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Attached: ☒ Recorded notice,  
☐ Fiduciary papers,  
☒ 280 (OTHER) \_\_\_\_\_ COPIES MAILED 9-30-93  
☐ Renewal Fee of \_\_\_\_\_ Paid of \_\_\_\_\_ Office on \_\_\_\_\_ Receipt No. \_\_\_\_\_

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**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)**

To: Department of Alcoholic Beverage Control  
1901 Broadway  
Sacramento, Calif. 95818

The undersigned hereby applies for  
licenses described as follows:

**2. NAME(S) OF APPLICANT(S)**

Beverly J. VOSHURGH

**1. TYPE(S) OF LICENSE(S)**

On-Sale Beer & Wine Public  
Premises

Applied under Sec. 24044 ☐  
Effective Date: Issuance

**FILE NO.**

RECEIPT NO.

GEOGRAPHICAL  
CODE 3902

Date  
Issued

Temp. Permit

80940

Effective Date: 10/2/93

**3. TYPE(S) OF TRANSACTION(S)**

FEE

LIC.  
TYPE

Per to Per

\$ 150.00

42

Annual Pro

205.00

**4. Name of Business**  
B.J.'s

**5. Location of Business—Number and Street**  
548 S. Sacramento Street

City and Zip Code  
Lodi, 95240

County  
San Joaquin

TOTAL \$ 255.00

**6. If Premises Licensed,**  
Show Type of License 42

**7. Are Premises Inside**  
City Limits? Yes

**8. Mailing Address (if different from 5)—Number and Street**  
Same

(Temp) (Perm)

**9. Have you ever been convicted of a felony?**  
No

**10. Have you ever violated any of the provisions of the Alcoholic  
Beverage Control Act or regulations of the Department per-  
taining to the Act?** No

**11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.**

**12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and  
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.**

**13. STATE OF CALIFORNIA**

County of San Joaquin Date 9/27/93

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

**14. APPLICANT  
SIGN HERE**

**APPLICATION BY TRANSFEROR**

**15. STATE OF CALIFORNIA**

County of San Joaquin Date 9/27/93

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

**16. Name(s) of Licensee(s)**

**17. Signature(s) of Licensee(s)**

**18. License Number(s)**

Dennis L. Grammer

Hobbie L. Grammer

42-270524

**19. Location**

Number and Street

City and Zip Code

County

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Attached:

- ☐ Recorded notice,  
☐ Fiduciary papers,  
☐ OTHER

COPIES MAILED

☐ Renewal: Fee of

Paid at

Office on

Receipt No.